

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 676376	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2026
NAME OF PROVIDER OR SUPPLIER Silver Spring		STREET ADDRESS, CITY, STATE, ZIP CODE 1690 N. Treadway Blvd. Abilene, TX 79601	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure menus must meet the nutritional needs of residents, be prepared in advance, be followed, be updated, be reviewed by dietician, and meet the needs of the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure the menu was followed for 2 (Resident #14 and Resident #79) of 81 residents reviewed for food and nutrition services. The facility failed to follow the menu for Resident #14 and Resident #79 on 01/28/2026. This failure could place residents at risk of poor intake from being disappointed they did not receive the menu items listed. Findings included: Resident #14 Record review of Resident #14's Face Sheet dated 01/30/2026 revealed a [AGE] year-old female, was admitted on [DATE]. Resident #14's medical diagnoses included unspecified dementia, cerebral infarction (stroke), weakness, reduced mobility and lack of coordination. Record review of Resident #14's Annual MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score of 08 indicating the resident was moderately impaired. Record review of Resident #14's Comprehensive Care Plan initiated 05/29/2019 and reviewed/revised 02/13/2024 revealed the following focused areas: *Nutrition: The resident has nutritional problems or potential nutritional problems r/t depression, Record review of Resident #14 Nutrition Assessment dated 05/08/2025 revealed; daily calories required: 1618 kcals. need more than provided daily via meals, supplements to promote healing. Record review of Resident #14's physician orders reviewed on 01/30/2026 revealed: Regular diet Dys Puree (Dysphasia Pureed Level 1) texture, Nectar consistency, speech therapy recommends resident be assisted with feedings, resident may use weighted spoon and plate guard to assist with feedings. for Difficulty chewing. Record review of Resident #14's Progress Notes dated 01/30/2026 with effective date of 08/19/2025 revealed .resident with noted weight fluctuations. Diet downgraded on 5/29/2025 and house supplements increased as well. Kennedy ulcer noted. Weight loss may be expected due to hospice/Kennedy ulcer. At risk for malnutrition due to Dysphasia Puree diet and wound. Resident #79 Review of Resident #79's Face Sheet dated 01/30/2026 revealed a [AGE] year-old male initially admitted on [DATE] with a recent admission date of 01/14/2025 Resident #79's medical diagnoses included metabolic encephalopathy, diabetes mellites, obstructive and reflux uropathy, dementia, age related cognitive decline and cognitive communication deficit. Record review of Resident #79's Annual MDS dated [DATE] revealed in Section C - C0500. BIMS Summary Score of 00 indicating the resident was unable to complete the interview. Record review of Resident #79's Comprehensive Care Plan initiated 04/18/2018 and reviewed/revised on 12/27/2023 revealed the following focused areas: Nutrition: *Focus: The resident has nutritional problem [sic] or potential nutritional problem r/t depression *Goal: The resident will maintain adequate nutritional status as evidenced by maintaining wight within 10% of 170, no s/sx of malnutrition, and consuming at least 50% of at least 3 meals daily. *Interventions: Provide and serve diet as ordered. Review of Resident #79's Nutrition Assessment dated 11/19/2025 revealed; Goals: PO intake >75%, weight maintenance, wound healing. Record review of Resident #79's Nutrition Progress Note dated 01/27/2026 revealed: Regular Puree diet. Intake has been poor, most meals <= 50%. Resident receiving set-up and 1:1 feeding</p> <p>(continued on next page)</p>		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 676376
		If continuation sheet Page 1 of 5

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>assistance. Resident is at risk for unavoidable weight loss, dehydration, skin decline r/t disease progression. Goal for comfort. Rec offerhouse supplement 60cc TID or as tolerated to sip if desired. Record review on 01/28/2026 of the facility menu Fall/ Winter, dated 25-26, Wednesday Week 5 revealed: Puree- Beef Stew, pureed, Salad, garden with dressing, pureed, Bread, Cornbread, Pureed, Apple slices, baked pureed. During an observation on 01/30/2026 at 5:36 p.m., the DM made the pureed food tray for Resident #14. On the tray there was pureed beef stew, pureed mixed vegetables, and pureed baked apples. There was no pureed cornbread placed on Resident #14's meal tray. The kitchen staff gave the dining room staff the tray for distribution to Resident #14. During an observation on 01/30/2026 at 5:50 p.m., observed the DM make the pureed food tray for Resident #79. On the tray there was pureed beef stew, pureed mixed vegetables, and pureed baked apples. There was no pureed cornbread placed on Resident #79's meal tray. The tray was placed on a cart for residents who ate in their rooms. During an observation on 01/30/2026 at 5:57 p.m., observed the DW pushed the cart with Resident #79's tray out of the kitchen and into the hallway area for distribution. CNA A and CNA B were observed as handing out the food trays to residents. During an interview on 01/30/2026 at 5:57 pm, CNA B stated she checked the trays for menu items and the right consistency of the food such as pureed or regular diets but did not catch the cornbread was not on the resident tray. During an interview and observation on 01/28/2026 at 5:58 p.m., the DM stated there should have been pureed cornbread provided to the two residents who had pureed diets. She left the kitchen and went down the hall to obtain Resident #79's tray. She came back and placed the pureed cornbread on the tray after surveyor intervention. She stated Resident #14 was no longer in the dining room eating. The DM stated she overlooked the cornbread since it was not in the same location as the other prepared pureed foods. She stated all residents should have been given all items that were listed on the menu. During an interview on 01/28/2026 at 6:00 p.m., the contracted company's Director of Healthcare Operations stated, residents on a pureed diet should have received all the menu items on the menu. She stated not providing all items could have led to weigh loss. During a telephone interview on 01/29/2026 at 4:13 p.m., the dietician stated she expected residents to be offered all foods on the menu. She stated the person plating the food was the first check that all menu items were provided and then nurse would be a second check. She stated not giving residents the opportunity to consume pureed cornbread could lead to calorie deficiency. During an interview on 01/30/2026 at 10:04 am, Resident #14 stated she liked cornbread and if it were on her tray she would have eaten it. During an interview on 01/30/2026 at 10:10 am, the DON stated that the ADMN monitored dietary overall. She stated that as the trays were being delivered to residents, the nurses should have been checking the trays and making sure residents had received what was listed on the menu. She stated her expectations were for residents to be provided what was on the menu. The DON stated for one of the missed resident puree's, the resident had not been eating anyway, so it did not matter whether he had gotten his cornbread or not. She stated she felt there was no negative effect on the residents in not receiving their cornbread. During an interview on 01/30/2026 at 2:45 pm, the ADMN stated all residents should get what was provided on the menu. He stated the first line of checking trays should be monitored by dietary prior to going to the resident, and if going to the hallway, a second check should have been performed. He stated that all trays from the ticket should have matched the food that was being delivered. The ADMN stated his expectations was that all items were placed appropriately on resident trays. The ADMN stated he thought the negative impact for residents was, if this failure consistently occurred in dietary and nursing staff, the residents that had not received an item could turn to a decrease in nutrients. Record review on 01/30/2026 of the facility's' undated policy Meal Service and Distribution Policy and</p> <p>(continued on next page)</p>		

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<p>F 0803</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procedure, revealed; .4. Verification of Meal Delivery; The nursing staff is tasked with checking that meals are accurate to the resident's/patients' diet order and that delivery is both prompt and correct.5. Point-or-Service Dining Assembly; Under the supervision of licensed nursing personnel, Dietary Services staff will prepare meals according to each resident'/patient's individual meal card at the point of service, thereafter, presenting it directly to the resident/patient or to care staff for delivery.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>Based on observations, interviews, and record review, the facility failed to store, prepare, distribute, and serve food in accordance with professional standards for food service safety for 1 of 1 kitchen reviewed. The facility failed to ensure foods were labeled properly in the kitchen. The facility failed to dispose of foods after the use by / shelf-life date. These failures could place residents that eat out of the kitchen at risk for food borne illnesses. The findings included: During an observation on 01/28/2026 between 12:39 p.m. and 1:20 p.m., the kitchen revealed: Dry Storage: 1. One opened bag of chips in a see-through plastic bag that was closed to air labeled chips 1-14 UB 1-17 (11 days past), 2. One unopened bag of what appeared to be 12 hamburger buns not labeled with a received date, use by date, or item description. 3. One opened box of 6 flour tortilla with three unopened bags and one opened bag of tortillas in the box. All bags of tortillas had a best by date of 11/17/2025. Refrigerator Storage for 1 of 2 refrigerators: 1. Two cartons of heavy whipping cream with best by date of 01-26-26 (2 days past), 2. Two bags of corn tortillas with best by date of 12/21/25 (38 days past), 3. One opened bag of what appeared to be white shredded cheese labeled with the date 1-26-26 with no use by date or item description. 4. One opened container of pimento spread with no received date and the use by date was not legible, 5. One unopened bag of what appeared to be hot dogs with a date of 1-14 written on top with no use by date or item description. 6. One see-through plastic container of prepared food without a preparation date, use by date, or item description, and 7. One metal tin container of prepared food without a preparation date, use by date, or item description. Freezer Storage for 2 of 3 freezers: 1. One opened bag of what appeared to be french fries that was not sealed, no delivered date, no use by date, or no item description. 2. Three unopened bags of what appeared to be garlic toast labeled with 1-24, there was no use by date or no item description. During an observation on 01/28/2026 at 1:20 p.m., the kitchen had multiple postings that reflected Everything must have a label! Received Date Open Date Use by date. During an interview on 01/28/2026 at 12:30 p.m., the ADMN and the DON stated all residents ate out of the kitchen. During an interview on 01/28/2026 at 1:01 p.m., the DM stated all food items stored outside of their original container should have a received date and an item description labeled on them. She stated if that item had a use by date, that date needed to be labeled on the package as well. She stated items should not be stored past the best buy date and she would dispose of those items. She stated the UB on a label meant use by and the chips should have been discarded after that day. She stated foods that were prepared and being stored in the refrigerator should have an item description, and a date that the food needed to be used by. She stated not labeling food items appropriately and not discarding food appropriately could lead to residents becoming ill. She stated the person storing the food item was responsible for labeling the food and she monitored that food was stored appropriately. She stated she did not know why there were foods stored past the use by/best buy date or that they were not labeled appropriately. During an interview on 01/28/2026 at 4:55 p.m., the [contract dietary] Director of Operations stated she expected foods to be stored and labeled following the policy of the company. She stated the DM would take pictures of the food storage areas and she would review them daily through pictures on her phone when she was not present in the facility. She stated she was not sure why there were items of food not labeled appropriately with the item description, use by date, and received by date on them. She stated foods should be discarded when the use by date had passed. She stated not storing, labelling foods, and discarding foods appropriately could lead to potential illness. During a telephone interview on 01/29/2026 at 4:13 p.m., the dietician stated she did monitor the facility at that time but was not able to be in the facility</p> <p>(continued on next page)</p>		

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>frequently because she lived out of state. She stated the food company had been trying to hire a local dietician for the facility but did not have any interest in the position. She stated it was her expectation that all foods should be labeled with a description. She stated all foods should have an expiration date labeled if the foods were stored outside of their original packaging and should be discarded after the expiration date. She stated some foods would not require an expiration date but that if there was one on the original packaging, that date would need to be written on the packaging. She stated fresh vegetables would not have an expiration date and the dietary staff would go off of how the food appeared. She stated only items that had been opened would need an open date on them. She stated not labeling the foods properly or discarding them properly could cause a resident to become sick from eating a food that was no longer viable or inappropriate for them. She stated the dietary manager monitored that foods were labeled appropriately. During an interview on 01/30/2026 at 2:30 p.m., the ADMN stated his expectation would be for foods to be stored, labeled, and discarded per the dietary policy. He stated the DM was responsible for making sure the policy was followed. He stated the dietary staff were contracted as well as the dietitian. He stated the contracted company had corporate supervision that occurred weekly and the dietitian monitored monthly. He stated if the policy for food storage, labeling, and disposal was not followed it could cause residents to have GI discomfort and possible infection. Record review of the facility document titled MDS Resident Matrix, dated 01/28/2026, reflected no residents received enteral feeding (a method of delivering nutrition directly into the gastrointestinal tract through a feeding tube, used when oral intake is insufficient or unsafe). Record review of the facility policy titled Dry Goods Storage Policy and Procedure, no date, reflected: Storage areas shall be organized and maintained in a manner that allows for easy identification and access to items, with all goods appropriately date labeled. Record review of the facility policy titled Cold Food storage Policy and Procedure, no date, reflected: To prevent cross-contamination, all foods must be stored in a manner that is wrapped, covered, or contained within labeled and dated packages or containers. Review of the Food Code 2022 https://www.fda.gov/food/retail-food-protection/fda-food-code, accessed 1/14/2026 reflected 3-602.11 Food Labels. (A) FOOD PACKAGED in a FOOD ESTABLISHMENT, shall be labeled as specified in LAW, including 21 CFR 101 - Food labeling, and 9 CFR 317 Labeling, marking devices, and containers. (B) Label information shall include: (1) The common name of the FOOD, or absent a common name, an adequately descriptive identity statement .refrigerated foods must be consumed, sold or discarded by the expiration date.</p>		